

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms DELICIA NICKNAME LAST SUFFIX HERRERA		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 37238 SAN ANTONIO, TX 78237		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 391-6701		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms STELLA V NICKNAME LAST SUFFIX CORTEZ		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6033 GLEN HEATHER SAN ANTONIO, TX 78240		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 697-7121		
9 REPORT TYPE	30th Day Before Main Election		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2/24/2005 3/28/2005		
11 ELECTION	ELECTION DATE Month Day Year 5/7/2005	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Council District 6	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>		

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Ms DELICIA HERRERA

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$2838.32

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$8461.47

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$0

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ms DELICIA HERRERA, this the 7th day
of April, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath_____
Printed name of officer administering oath_____
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
1 of 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Ms DELICIA HERRERA

4 Date

3/4/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

JESUS FERNANDEZ

7 Amount of
contribution (\$)
100.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

8911 DROWSY LN
CONVERSE, TX 78109-1026

9 Principal occupation / Job title (See Instructions)
RETIRED

10 Employer (See Instructions)

Date

3/4/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MARGARETA VASQUEZ

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2539 GOLIAD
SAN ANTONIO, TX 78223

Principal occupation / Job title (See Instructions)
CPA

Employer (See Instructions)
SELF-EMPLOYED

Date

3/8/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

CYNTHIA HERRERA

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

934 SW 39TH ST
SAN ANTONIO, TX 78237

Principal occupation / Job title (See Instructions)
ACCOUNTANT

Employer (See Instructions)
PPD

Date

3/7/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

ALBERT R VELASQUEZ

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

PO Box 12282
SAN ANTONIO, TX 78212

Principal occupation / Job title (See Instructions)
PRINCIPAL

Employer (See Instructions)
SAACT

Date

3/8/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

JESUS RODRIGUEZ

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

755 DARBY
SAN ANTONIO, TX 78207

Principal occupation / Job title (See Instructions)
VP

Employer (See Instructions)
STERLING SECURITY

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 5

2 FILER NAME

Ms DELICIA HERRERA

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/7/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

BETTY ECHERT

6 Contributor address; City; State; Zip Code

233 W. WILDWOOD
SAN ANTONIO, TX 78212

7 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

3/9/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

LOURDES RODRIGUEZ

Contributor address; City; State; Zip Code

1016 W. HUISACHE
SAN ANTONIO, TX 78201

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

DIST 5 COUNCIL AIDE

Employer (See Instructions)

COSA

Date

3/11/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

GEORGE RICE

Contributor address; City; State; Zip Code

414 E. FRENCH
SAN ANTONIO, TX 78212

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

GROUND WATER HYDROLOGIST

Employer (See Instructions)

SELF-EMPLOYED

Date

3/10/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MARIA THERESA RUIZ

Contributor address; City; State; Zip Code

7747 DASHWOOD
SAN ANTONIO, TX 78240

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

SM BUS OWNER

Employer (See Instructions)

FRUTERIA LAS GUERAS

Date

3/15/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MONICA CRUZ

Contributor address; City; State; Zip Code

2002 W. GRAMERCY
SAN ANTONIO, TX 78201

Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

PROFESSOR

Employer (See Instructions)

OUR LADY OF THE LAKE UNIVERSITY

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3 of 5	
2 FILER NAME Ms DELICIA HERRERA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/21/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES T KOCH 6 Contributor address; City; State; Zip Code PO Box 680511 SAN ANTONIO, TX 78268	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) GRADER STND TESTING		10 Employer (See Instructions) HARTCOURT	
Date 3/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARIANNE ORNELAS Contributor address; City; State; Zip Code 526 FREILING SAN ANTONIO, TX 78213	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) COLLEGE INSTRUCTOR		Employer (See Instructions) PALO ALTO COLLEGE	
Date 3/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HECTOR HERRERA Contributor address; City; State; Zip Code 934 SW 39TH ST SAN ANTONIO, TX 78237	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) GROUNDSMAN		Employer (See Instructions) SAN FERNANDO CEMETERY III	
Date 3/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHNNY HERNANDEZ Contributor address; City; State; Zip Code 715 W OLD HWY 90 SAN ANTONIO, TX 78237	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SM BUSINESS OWNER		Employer (See Instructions) TRUE FLAVORS CULINARY PLANNERS	
Date 3/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAUL HINOJOSA Contributor address; City; State; Zip Code 3500 OAK GATE, Apt/Suite: 1804 SAN ANTONIO, TX 78230	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) INSURANCE SALESMAN		Employer (See Instructions) PRUDENTIAL	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 of 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Ms DELICIA HERRERA

4 Date

3/26/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

RICHARD ALVARADO

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1714 WRANGLER
SAN ANTONIO, TX 78227

9 Principal occupation / Job title (See Instructions)

CONSULTANT

10 Employer (See Instructions)

SELF-EMPLOYED

Date

3/27/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

MARICELA BORROEL

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

243 W. EMERSON
SAN ANTONIO, TX 78226

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

AVANCE

Date

3/18/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

LAURA MENDOZA

Amount of contribution (\$)

238.32

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

938 SW 39TH ST
SAN ANTONIO, TX 78237

MISCELLANEOUS OFFICE
SUPPLIES

Principal occupation / Job title (See Instructions)

SUPERVISOR

Employer (See Instructions)

WAL-MART

Date

3/4/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

CHUCK PEREZ

Amount of contribution (\$)

375.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

335 OVERHILL
SAN ANTONIO, TX 78228

T-SHIRTS

Principal occupation / Job title (See Instructions)

AREA MGR

Employer (See Instructions)

PFG

Date

3/14/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

DAVID VELASQUEZ

Amount of contribution (\$)

175.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7702 SUSAN ELAINE
SAN ANTONIO, TX 78240

CAMPAIGN BUTTONS

Principal occupation / Job title (See Instructions)

HANDYMAN

Employer (See Instructions)

SELF-EMPLOYED

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
5 of 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Ms DELICIA HERRERA

4 Date

3/24/2005

5 Full name of contributor

GUS HINOJOSA

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)
250.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

64 W 15TH ST, Apt/Suite: 5W
NEW YORK, NY 10011

9 Principal occupation / Job title (See Instructions)
ARCHITECT

10 Employer (See Instructions)
GENSLER

Date

3/16/2005

Full name of contributor

GUADALUPE FLORES

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4815 IRMA
SAN ANTONIO, TX 78237

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Ms DELICIA HERRERA

4 TOTAL OF UNITEMIZED PLEDGES:

\$0

5 Date

3/7/2005

6 Full name of pledgor☐ out-of-state PAC (ID#: _____)

JESSE RODRIGUEZ

8 Amount of
pledge (\$)

200.00

9 In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code1716 S. SAN MARCOS
SAN ANTONIO, TX 78207**10** Principal occupation / Job title (See Instructions)

VP

11 Employer (See Instructions)

STERLING SECURITY

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Ms DELICIA HERRERA

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#:_____)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:_____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 3

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Ms DELICIA HERRERA

4 Date

2/27/2005

5 Payee name

FEDEX KINKO

6 Payee address; City; State; Zip Code5755 NW LOOP 410
SAN ANTONIO, TX 78238**7**

Amount

(\$71.87)

8 Purpose of payment (See instructions regarding type of information required.)

BUSINESS CARDS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

DELICIA HERRERA

Office sought

Council District 6

Office held

Date

3/8/2005

Payee name

IDEAS UNLIMITED

Payee address; City; State; Zip Code

5213 BANDERA RD
SAN ANTONIO, TX 78238

Amount

(\$583.90)

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/16/2005

Payee name

DOLLAR GENERAL

Payee address; City; State; Zip Code

1739 SW LOOP 410
SAN ANTONIO, TX 78227

Amount

(\$45.79)

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN HDQTR CLEANING SUPPLIES

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/23/2005

Payee name

IDEAS UNLIMITED

Payee address; City; State; Zip Code

5213 BANDERA
SAN ANTONIO, TX 78238

Amount

(\$134.85)

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN BANNER

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 3

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Ms DELICIA HERRERA

4 Date

3/25/2005

5 Payee name

OFFICE MAX

7 Amount(\$)**0.55****6** Payee address; City; State; Zip Code5830 BANDERA RD
SAN ANTONIO, TX 78238**8** Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN PHOTOCOPIES

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/28/2005

Payee name

RENE GARCIA

Amount

(\$)**500.00**

Payee address; City; State; Zip Code

5811 TIMBERHURST
SAN ANTONIO, TX 78250

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/14/2005

Payee name

SANTIKOS

Amount

(\$)**1175.00**

Payee address; City; State; Zip Code

606 EMBASSY OAKS
SAN ANTONIO, TX 78216

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN OFFICE RENT

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/14/2005

Payee name

JOLENE GARCIA

Amount

(\$)**400.00**

Payee address; City; State; Zip Code

638 W LYNWOOD
SAN ANTONIO, TX 78212

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MGR SALARY

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 3

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Ms DELICIA HERRERA

4 Date

3/22/2005

5 Payee name

RENE GARCIA

7 Amount(\$)**500.00****6** Payee address; City; State; Zip Code5811 TIMBERHURST
SAN ANTONIO, TX 78250**8** Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 5
2 FILER NAME Ms DELICIA HERRERA		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/24/2005	5 Payee name CITY OF SAN ANTONIO 6 Payee address; City; State; Zip Code PO Box 839975 SAN ANTONIO, TX 78283-3975 7 Purpose of expenditure (See instructions regarding type of information required.) FILING FEE - MADE PAYABLE TO CITY CLERK	8 Amount (\$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/25/2005	Payee name BROADWAY BANK Payee address; City; State; Zip Code PO Box 17001 SAN ANTONIO, TX 78217 Purpose of expenditure (See instructions regarding type of information required.) TO OPEN CAMPAIGN ACCOUNT	Amount (\$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/3/2005	Payee name SPRINT Payee address; City; State; Zip Code 6075 NW LOOP 410, Apt/Suite: 101 SAN ANTONIO, TX 78228 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN CELL PHONE	Amount (\$146.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/9/2005	Payee name KINKOS Payee address; City; State; Zip Code 5755 NW LOOP 410 SAN ANTONIO, TX 78238 Purpose of expenditure (See instructions regarding type of information required.) BUSINESS CARD REORDER	Amount (\$42.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/3/2005	Payee name USPS Payee address; City; State; Zip Code 5555 SAN FERNANDO SAN ANTONIO, TX 78237 Purpose of expenditure (See instructions regarding type of information required.) STAMPS - 1 BOOK	Amount (\$7.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2 of 5
2 FILER NAME Ms DELICIA HERRERA		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/11/2005	5 Payee name IDEAS UNLIMITED 6 Payee address; City; State; Zip Code 5213 BANDERA RD SAN ANTONIO, TX 78238 7 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGNS	8 Amount (\$583.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/11/2005	Payee name MC COYS Payee address; City; State; Zip Code 1654 GENERAL MCMULLEN SAN ANTONIO, TX 78237 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGN HARDWARE	Amount (\$56.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/24/2005	Payee name IDEAS UNLIMITED Payee address; City; State; Zip Code 5213 BANDERA SAN ANTONIO, TX 78238 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN LITERATURE	Amount (\$486.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/16/2005	Payee name SHERWIN WILLIAMS Payee address; City; State; Zip Code 1275 SW LOOP 410 SAN ANTONIO, TX 78227 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN HEADQUARTER MATERIALS	Amount (\$3.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/16/2005	Payee name SHERWIN WILLIAMS Payee address; City; State; Zip Code 1275 SW LOOP 410 SAN ANTONIO, TN 78227 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN HEADQUARTER MATERIAL	Amount (\$27.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 3 of 5
2 FILER NAME Ms DELICIA HERRERA		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/3/2005	5 Payee name SPRINT PCS 6 Payee address; City; State; Zip Code 6075 SW LOOP 410, Apt/Suite: 101 SAN ANTONIO, TX 78227 7 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN CELL PHONE	8 Amount (\$146.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/25/2005	Payee name SPRINT PCS Payee address; City; State; Zip Code 6075 SW LOOP 410 SAN ANTONIO, TX 78227 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN CELL PHONE - MONTHLY CHARGE	Amount (\$92.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/17/2005	Payee name IDEAS UNLIMITED Payee address; City; State; Zip Code 5213 BANDERA SAN ANTONIO, TX 78238 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGNS	Amount (\$484.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/3/2005	Payee name OFFICE DEPOT Payee address; City; State; Zip Code 2321 SW MILITARY DR SAN ANTONIO, TX 78224 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN COPIES	Amount (\$8.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/18/2005	Payee name SAMS Payee address; City; State; Zip Code 5055 NW LOOP 410 SAN ANTONIO, TX 78228 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN OFFICE SUPPLIES	Amount (\$238.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 4 of 5
2 FILER NAME Ms DELICIA HERRERA		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/1/2005	5 Payee name DENNYS 6 Payee address; City; State; Zip Code 6859 HWY 90 W SAN ANTONIO, TX 78227 7 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN MEETING W/MANAGER	8 Amount (\$15.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/5/2005	Payee name MALT HOUSE Payee address; City; State; Zip Code 115 S. ZARZARMORA SAN ANTONIO, TX 78207 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN MEETING WITH VOLUNTEERS	Amount (\$22.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/12/2005	Payee name DENNYS Payee address; City; State; Zip Code 6859 HWY 90 WEST SAN ANTONIO, TX 78227 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN LUNCH WITH STAFF	Amount (\$16.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/19/2005	Payee name TACO JALISCO Payee address; City; State; Zip Code 8099 CULEBRA RD SAN ANTONIO, TX 78251 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN LUNCH WITH VOLUNTEERS	Amount (\$11.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/24/2005	Payee name DELICIA HERRERA Payee address; City; State; Zip Code 934 SW 39TH ST SAN ANTONIO, TX 78237 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN LOAN	Amount (\$160.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 5 of 5
2 FILER NAME Ms DELICIA HERRERA		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/11/2005	5 Payee name DELICIA HERRERA 6 Payee address; City; State; Zip Code 934 SW 39TH ST SAN ANTONIO, TX 78237 7 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN LOAN	8 Amount (\$1700.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/24/2005	Payee name DELICIA HERRERA Payee address; City; State; Zip Code 934 SW 39TH ST SAN ANTONIO, TX 78237 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN LOAN	Amount (\$500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/9/2005	Payee name TIMBER RIDGE HA Payee address; City; State; Zip Code 3103 RIMROD TRAIL SAN ANTONIO, TX 78251 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN AD IN HA NEWSLETTER	Amount (\$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/27/2005	Payee name OFFICE MAX Payee address; City; State; Zip Code 5830 BANDERA SAN ANTONIO, TX 78238 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN OFFICE SUPPLIES	Amount (\$49.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Ms DELICIA HERRERA

4 Date**5** Business name**7** Amount
(\$).....
6 Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 1 of 1
2 FILER NAME Ms DELICIA HERRERA		3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	

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CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Ms DELICIA HERRERA

4 Date	5 Payor name	8 Amount (\$)
 6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

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**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ******1 C/OH NAME**

Ms DELICIA HERRERA

2 ACCOUNT # (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****** Complete A & B below *only* if you are not an officeholder. ******A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER****** Complete this section *only* if you are an officeholder ****☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder